

February 23, 2000

Our Reference: WA-OK#0179.90.R1

Mr. Michael Fogarty
Chief Executive Officer
Oklahoma Health Care Authority
4545 North Lincoln Boulevard – Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request to amend your Medicaid home and community-based services waiver (HCBSW) program No. 0179.90.R1 has been approved effective July 1, 1999. As authorized by section 1915(c) of the Social Security Act, this HCBSW program is requested in order to provide home and community-based services to individuals, who but for the provision of such services, would require the level of care in an Intermediate Care Facility for the Mentally Retarded and Persons with Related Conditions (ICF/MR). This waiver has been assigned control number 0179.90.R1.05. This control number should be used in all future correspondence regarding the waiver.

Specifically, this amendment merges the State's 1915(c) HCBSW program No. 0234.90 with the #0179.90.R1 HCBSW program. The HCBSW program No. 0234.90 was designed to provide home and community-based services to persons inappropriately residing in nursing facilities who are determined to require the level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The HCBSW program No. 0234 became effective on April 1, 1991. The waiver has been operating under a temporary 90 day extension since June 30, 1999 when the current renewal expired. In addition, the approval of amendment #0179.90.R1.05 is based upon the State's agreement not to renew HCBSW program No. 0234.90.

The following services are provided under HCBSW program No. 0179.90.R1.05: homemaker, respite care, habilitation (residential habilitation, prevocational services and supported employment services), environmental accessibility adaptations, companion services, family training, extended State plan services (physician services, home health care services, prescribed drugs, adaptive equipment services, specialized medical supplies, dental services, transportation services and specialized foster care) and other services such as physical therapy services, occupational therapy services, speech therapy services, psychological services, nutritional services and audiology services.

The following estimates have been approved:

<u>Year</u>	<u>Unduplicated Individuals</u>	<u>Factor "D"</u>
3	3,102	\$45,530
4	2,850	\$48,883
5	3,000	\$49,311

For your convenience, we have included a copy of the approved waiver replacement pages. If you have any questions, please contact Joe Reeder at 214-767-4419.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations